

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Barry N. Gellman et al.)
Application No.: 10/798,085) Group Art Unit: 3734
Filed: March 11, 2004)
For: SYSTEM AND METHOD FOR) Examiner: Nguyen, Vi X.
TISSUE SAMPLING AND)
THERAPEUTIC TREATMENT) Confirmation No.: 5328

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

STATEMENT UNDER 37 CFR 3.73(b)

Under 37 C.F.R. § 3.73(b), the undersigned verifies that Boston Scientific Scimed, Inc. is the assignee of the entire right, title, and interest in Patent Application No. 10/798,085, identified above, by (1) virtue of an assignment from the inventors to Scimed Life Systems, Inc. recorded in the U.S. Patent and Trademark Office at Reel 015078, Frame 0055, and (2) documents evidencing a change in name from Scimed Life Systems, Inc. to Boston Scientific Scimed, Inc. recorded in the U.S. Patent and Trademark Office at Reel 016178, Frame 0808.

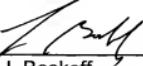
If there is any fee due in connection with the filing of this Statement, please charge the fee to Deposit Account 06-0916.

Respectfully submitted,

FINNEGAN, HENDERSON, FARABOW,
GARRETT & DUNNER, L.L.P.

Dated: December 18, 2009

By: _____


Leslie I. Bookoff
Reg. No. 38,084
(202) 408-4000

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:



Practitioners associated with the Customer Number:

22,852

OR



Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:



The address associated with Customer Number:

22,852

OR



Firm or Individual Name



Address



City

State

Zip



Country



Telephone

Email

Assignee Name and Address:

BOSTON SCIENTIFIC SCIMED, INC.
One Scimed Place
Maple Grove, MN 55311-1566

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.

Signature		Date	11/10/09
Name	Jeff Z. Karpas	Telephone	508/652-5955
Title	Assistant Secretary		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application for a patent or a trademark under 35 U.S.C. 122 and 37 CFR 1.1 and 1.14. This collection is estimated to take 5 minutes to complete. Regarding gathering, preparing, and submitting the completed application form to the USPTO, time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.